

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044430

STATE FILE NUMBER

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

570

DO NOT WRITE
ON THIS STUB

AMENDED

DEC 2 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Joplin

Length of stay in 1b

35 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Freeman Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY
OR TOWN

Joplin

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

2802 Joplin Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

DORA

Middle

BULLOCK

Last

4. DATE

OF DEATH

Month

November

Day

21, 1963

Year

5. SEX

F

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐

8. DATE OF BIRTH

5-29-1897

9. AGE (last birthday)

66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Galena, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lewis Soulen

13b. MOTHER'S MAIDEN NAME

Margery Foust

14. NAME OF HUSBAND OR WIFE

Wayne Bullock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wayne Bullock, 2802 Joplin Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction.

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive arteriosclerotic heart disease.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK

☐

20g. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 7, 1955

to Nov. 21, 1963

and last saw her

relative on

Nov. 20, 1963

Death occurred at

9:20 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John H. Kattley, MD

22b. ADDRESS

304 Medical Arts Bldg.
Joplin, Mo.

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-23-1963

23c. NAME OF CEMETERY OR CREMATORY

OZARK MEMORIAL PARK,

23d. LOCATION (City, town, or county)

JOPLIN, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG.

11-27-1963

26. REGISTRAR'S SIGNATURE

Noe Merriam

DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5193

P. O. Address Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.